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COMBINED DECLARATION AND POWER OF ATTORNE

NATIONAL STAGE OF PCT. SUPPLEMENTAL, DIVISIONAL,

(OR	CONTINUATION OR CIP)
Asab	elow named inventor, I hereby declare that:
	TYPE OF DECLARATION
This d	eclaration is of the following type: (check one applicable item below)
	3 original
	design
(□ supplemental .
NOTE	If the declaration is for an International Application being filed as a divisional, continuation of continuation-in-part application do not check next item; check appropriate one of last three items
(national stage of PCT
NOTE;	If one of the following 3 items apply then complete and also attach ADDED PAGES FOR DIVISIONAL CONTINUATION OR CIP.
C	divisional
C	continuation
C	continuation-in-part (CIP)
	INVENTORSHIP IDENTIFICATION
	ING: If the inventors are each not the inventors of all the claims an explanation of the facts, including the ownership of all the claims at the time the last claimed invention was made, should be submitted.
l believ	dence, post office address and citizenship are as stated below next to my name e I am the original, first and sole inventor (if only one name is listed below) o nal, first and joint inventor (if plural names are listed below) of the subject matte is claimed and for which a patent is sought on the invention entitled:
	TITLE OF INVENTION FORCE REFLECTING HAPTIC INTERFACE
	**
	SPECIFICATION IDENTIFICATION
the spec	cification of which: (complete (a), (b) or (c))
(a) 🗆	
(b) 🛭	was filed on October 1, 1993 as & Serial No. 08/130,639 or Express Mail No., as Serial No. not yet known (if applicable)
NOTE:	Amendments filed after the original papers are deposited with the PTO which contain new matter are not accorded a filing date by being referred to in the declaration. Accordingly, the amendment involved are those filed with the application papers or, in the case of a supplemental declaration are those amendments claiming matter not encompassed in the original statement of invention of claims. See 17 CFR 1.67
(c) 🗆	was described and claimed in PCT International Application No

amended under PCT Article 19 on _

(Declaration and Power of Attorney [1-1] - page 1 of 5)

ACKNOWLEDGEMENT OF REVIEW OF PAPERS AND DUTY OF CANDOR

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose information

 which is material to patentability as defined in 37. Code of Federal Regulations, § 1.56

(also check the following items, if desired)

- and which is material to the examination of this application, namely, information where there is a substantial likelihood that a reasonable examiner would consider it important in deciding whether to allow the application to issue as a patent, and
 - ☐ In compliance with this duty there is attached an information disclosure statement in accordance with 37 CFR 1.98.

PRIORITY CLAIM (35 U.S.C. § 119)

I hereby claim foreign priority benefits under Title 35. United States Code, § 119 of any foreign application(s) for patent or inventor's certificate or of any PCT international application(s) designating at least one country other than the United States of America listed below and have also identified below any foreign application(s) for patent or inventor's certificate or any PCT international application(s) designating at least one country other than the United States of America filed by me on the same subject matter having a filing date before that of the application(s) of which priority is claimed.

(complete (d) or (e))

- (d) is no such applications have been filed.
- (e) □ such applications have been filed as follows.

NOTE: Where item (c) is entered above and the International Application which designated the U.S. itself claimed priority check item (e), enter the details below and make the priority claim.

A. PRIOR FOREIGN/PCT APPLICATION(S) FILED WITHIN 12 MONTHS (6 MONTHS FOR DESIGN) PRIOR TO THIS APPLICATION AND ANY PRIORITY CLAIMS UNDER 35 U.S.C. § 119

	·		
COUNTRY (OR INDICATE IF PCT)	APPLICATION NUMBER	DATE OF FILING (day, month, year)	PRIORITY CLAIMED UNDER 37 USC 119
			□ YES NO □
			O YES NO O
			□ YES NO □
			O YES NO O
		·	O YES NO O

ALL FORE	APPLICATION(S), IF ANY FILED (*). HS FOR DESIGN) PRIOR TO THE	ORE THAN 12 MONTHSS. APPLICATION

NOTE: If the application filed more than 12 months from the filing date of this application is a PCT filing forming the basis for this application entering the United States as (1) the national stage, or (2) a continuation, divisional, or continuation-in-part, then also complete ADDED PAGES TO COMBINED DECLARATION AND POWER OF ATTORNEY FOR DIVISIONAL, CONTINUATION OR CIP APPLICATION for benefit of the prior U.S. or PCT application(s) under 35 U.S.C. § 120.

POWER OF ATTORNEY

I hereby appoint the following attomey(s) and/or agent(s) to prosecute this application and transact all business in the Patent and Trademark Office connected therewith. (List name and registration number)

Steven J. Weissburg Reg. No. 31,581

(check the following item, if applicable)

Attached as part of this declaration and power of attorney is the authorization of the above-named attorney(s) to accept and follow instructions from my representative(s).

SEND CORRESPONDENCE TO

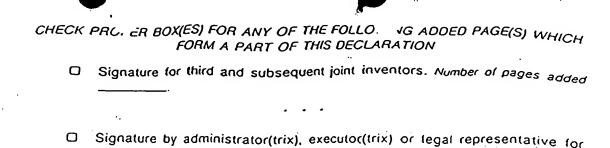
Steven J Weissburg 238 Main Street Suite 303 Cambridge, MA 02142 OIRECT TELEPHONE CALLS TO: (Name and telephone number) Steven J. Weissburg (617) 354-9343

DECLARATION

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code, and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

SIGNATURE(S)

Full name of sole or firs	Linventor		***
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Full name of second join	t inventor, if any		
J.	Kenneth		ury
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Inventor's signature 💍	1 hulls Delishery 1		
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full name of third joint invi	entor, if any		
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full name of third joint invi	entor, if any	FAMILY NOP LA	S! NAME)
(GMEN NAME)	MADOLE MITAL OR NAME;	FAMILY NOP LA	S! NAME)
<i>IGNEN NAME)</i> Iventor's signäture	MODIE MATAL OR MANE;		
nventor's signature	MADOLE MITAL OR NAME;		



Signature for inventor who refuses to sign or cannot be reached by person authorized under 37 CFR 1.47. Number of pages added ______

deceased or incapacitated inventor. Number of pages added _____

Added pages to combined declaration and power of attorney for divisional continuation, or continuation-in-part (CIP) application

Authorization of attorney(s) to accept and follow instructions from representative

If no further pages form a part of this Declaration then end this Declaration with this page and check the following item

x This declaration ends with this page